



DISTRICT'S
Certification of Transportation
For Daily Trips For Pupils Attending
Kentucky School for the Blind
And
Kentucky School for the Deaf

FROM: _____ District

District Number: _____

TO: Susan Goins, Division Director
 Kentucky Department of Education
 1501 Capital Plaza Tower
 500 Mero Street
 Frankfort KY 40601
 Office: (502) 564-4718
 Fax: (502) 564-7574

School Year: _____

***Reminder:** Daily trips cannot be over 175 days
 per school year.*

Name of Pupil	Please Indicate KSB or KSD	Round Trip Miles by Nearest Traveled Route	Number Days Transported	DO NOT WRITE IN THIS SPACE
TOTAL:				

Please mail or fax the certified copy to the above address or fax number.

I hereby certify that the trips shown above were made during the time period show to provide for the transportation of pupils to and from the Kentucky School for the Blind and the Kentucky School for Deaf. I hereby request reimbursement for same.

Signed: _____, Superintendent _____ District

Approved for Payment: _____ Susan Goins, Division Director
 Kentucky Department of Education